

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043807

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3008

Registrar's No. 277

FILED NOV 27 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Saint Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural-Portage twsp.

Length of stay in 1b

2 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Harbor Point

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Madison

c. CITY OR TOWN

Edwardsville

d. STREET ADDRESS

R.R. # 4

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Carl

Middle

Milton

Last

Lomax

4. DATE OF DEATH

Month

Day

Year

Nov. 14, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 20, 1899

9. AGE (last birthday)

62

10. IF UNDER 1 YEAR

Months 11 Days 25 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

general contractor

10b. KIND OF BUSINESS OR INDUSTRY

construction

11. BIRTHPLACE (City and state or country)

Loami, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Florence Sheehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Wesley Lomax, 3648 Terrace Lane, Granite City, I

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

advanced coronary artery disease with thrombotic occlusion of anterior descending branch of left

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

diabetes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Man fall off boat into water -inquest

20c. TIME OF INJURY

How ☒ Month, Day, Year
2:15 p.m. 11/14/62

held to determine whether the deceased drowned or died from natural causes

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Boat Harbor

20f. CITY, TOWN, OR LOCATION

Portage twsp, St. Charles, Mo.

COUNTY

Mo.

STATE

21. I attended the deceased from held inquest, to Nov. 19, 1962 and last saw him alive on 2:16 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Coroner 12 Cunningham Ct. St. Chas.

22c. DATE SIGNED

11/19/62

23a. BURIAL, CREMATION REMOVAL (Specify)

Removal

23b. DATE

Nov. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Edwardsville, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home, Granite City, Ill. Nov 22, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

NOV 28 1962

DEC 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 48320

P. O. Address St Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.